Financially Screening Your HWLA Clients from DMH

A Brief Overview of the UMDAP Process

Overview of Presentation

- What is financial screening and UMDAP?
- Why do we have to do it?
- Ok, now that we know why we have to do it, how do we financially screen a client about to receive DMH services?
  - ✓*Introduction to the PFI form*
- What do we do if a client has an annual liability and loses their HWLA coverage?

Financial Screening & UMDAP

What is Financial Screening?

- Financial screening is the evaluation of
  - ✓*Who* can pay for the services rendered
    - ➞Client or responsible party
    - ➞Third party payers such as insurance or Medi-Cal
  - ✓*How much* the client can contribute to paying for services
  - ✓Whether a client can access or qualifies for benefits

Financial Screening & UMDAP

What is UMDAP?

- The Uniform Method of Determining Ability to Pay (UMDAP) is the process of determining how much a client is responsible to pay for services.
- Based on a sliding fee scale after evaluation of the client's
  - ✓Income and assets
  - ✓Allowable expenses

Financial Screening & UMDAP

What is UMDAP? (*continued*)

- With UMDAP, the annual charge period is **one year**.
- The UMDAP annual liability amount is valid for **one year**.
  - ✓ Clients cannot be charged until they have become obligated to pay for services they have received.
  - ✓ *Can be adjusted up or down if the client's financial circumstances change.*

The Importance of Financial Screening & UMDAP

Why is financial screening & UMDAP required?

- The UMDAP annual charge period and liability amount apply throughout California.
  - ✓ Ensures that clients are not accidently charged more than they can afford to pay as determined by the State's sliding fee scale.
- State regulations (Welfare and Institutions Code Section 5872) requires providers to collect from all applicable public and private payers.

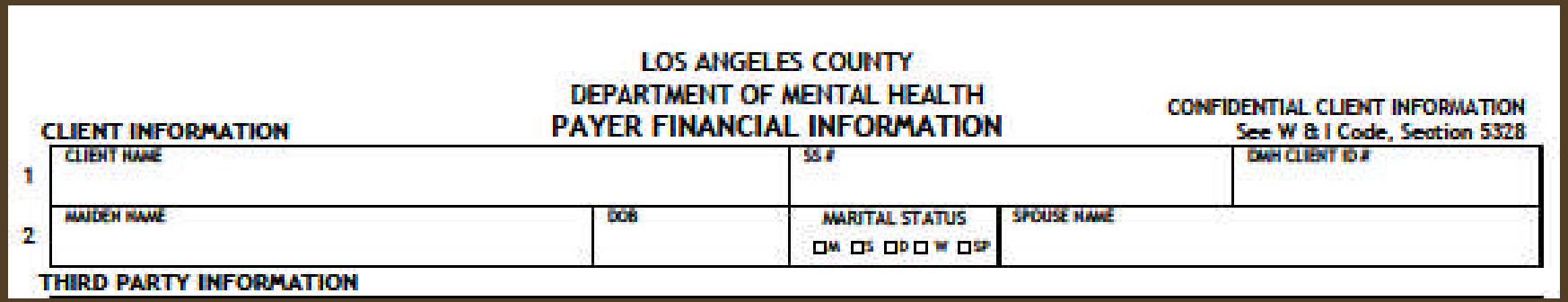
This impacts all DMH funding

Overview of the Payer Financial Information Form (PFI)

- The Payer Financial Information (PFI) form has four sections
  - ➙Client information
  - ➙Third party payer information (including payer references)
  - ➙UMDAP Liability Determination
  - ➙Other (current UMDAP status, treatment information and signatures)

Overview of the Payer Financial Information Form (PFI)

Client Information *(lines 1 & 2)*



LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
PAYER FINANCIAL INFORMATION

CONFIDENTIAL CLIENT INFORMATION
See W & I Code, Section 5328

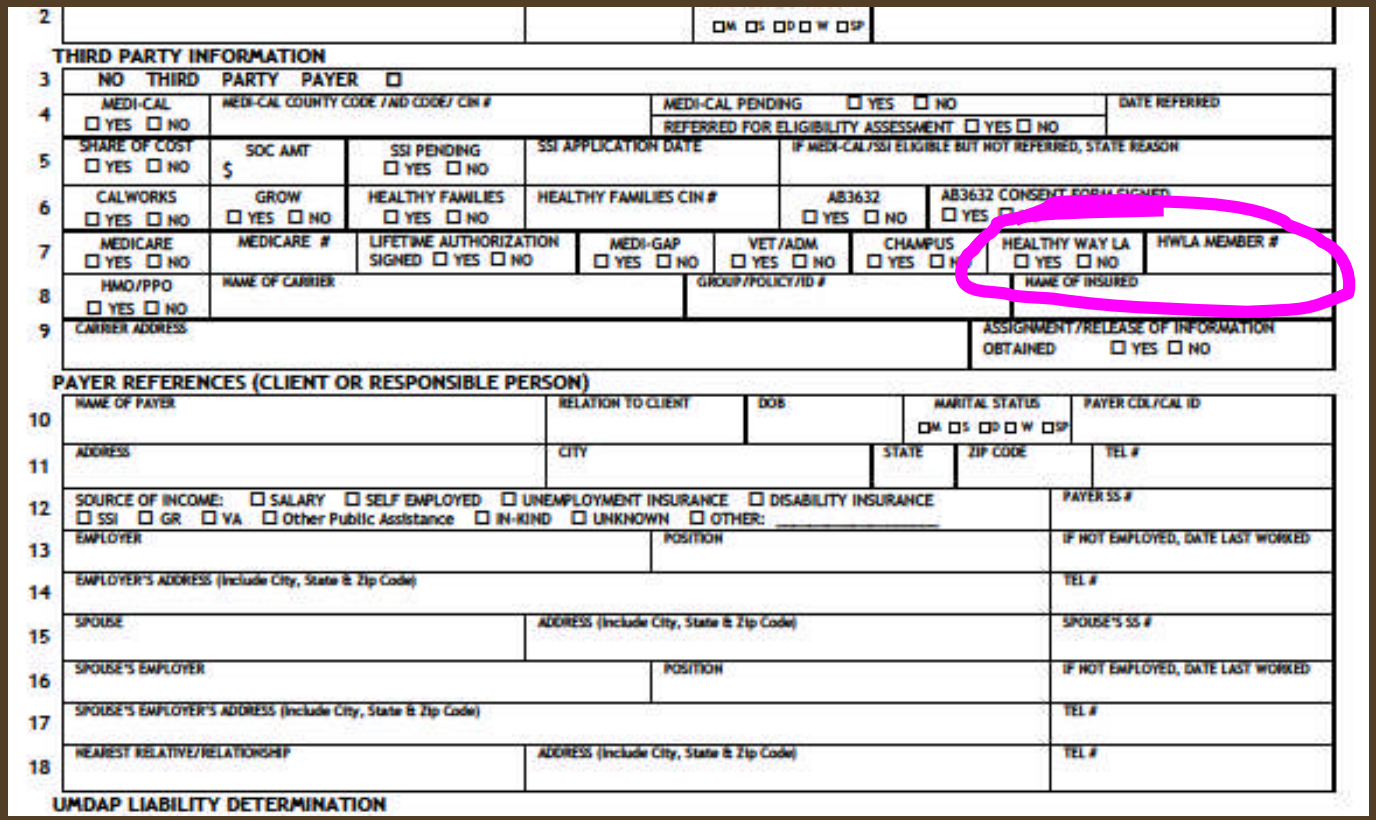
CLIENT INFORMATION

	CLIENT NAME		SS #		DMH CLIENT ID #
1					
	MAIDEN NAME	DOB	MARITAL STATUS ☐M ☐S ☐D ☐W ☐SP	SPOUSE NAME	
2					

THIRD PARTY INFORMATION

Overview of the Payer Financial Information Form (PFI)

Third Party Payer Information *(lines 3-18)*



2 ☐M ☐S ☐D ☐W ☐SP

THIRD PARTY INFORMATION

3 NO THIRD PARTY PAYER ☐

4 MEDI-CAL ☐ YES ☐ NO | MEDI-CAL COUNTY CODE / AID CODE / CIN # | MEDI-CAL PENDING ☐ YES ☐ NO; REFERRED FOR ELIGIBILITY ASSESSMENT ☐ YES ☐ NO | DATE REFERRED

5 SHARE OF COST ☐ YES ☐ NO | SOC AMT $ | SSI PENDING ☐ YES ☐ NO | SSI APPLICATION DATE | IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON

6 CALWORKS ☐ YES ☐ NO | GROW ☐ YES ☐ NO | HEALTHY FAMILIES ☐ YES ☐ NO | HEALTHY FAMILIES CIN # | AB3632 ☐ YES ☐ NO | AB3632 CONSENT FORM SIGNED ☐ YES

7 MEDICARE ☐ YES ☐ NO | MEDICARE # | LIFETIME AUTHORIZATION SIGNED ☐ YES ☐ NO | MEDI-GAP ☐ YES ☐ NO | VET/ADM ☐ YES ☐ NO | CHAMPUS ☐ YES ☐ NO | HEALTHY WAY LA ☐ YES ☐ NO | HWLA MEMBER #

8 HMO/PPO ☐ YES ☐ NO | NAME OF CARRIER | GROUP/POLICY/ID # | NAME OF INSURED

9 CARRIER ADDRESS | ASSIGNMENT/RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO

PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)

10 NAME OF PAYER | RELATION TO CLIENT | DOB | MARITAL STATUS ☐M ☐S ☐D ☐W ☐SP | PAYER CDL/CAL ID

11 ADDRESS | CITY | STATE | ZIP CODE | TEL #

12 SOURCE OF INCOME: ☐ SALARY ☐ SELF EMPLOYED ☐ UNEMPLOYMENT INSURANCE ☐ DISABILITY INSURANCE ☐ SSI ☐ GR ☐ VA ☐ Other Public Assistance ☐ IN-KIND ☐ UNKNOWN ☐ OTHER: _____ | PAYER SS #

13 EMPLOYER | POSITION | IF NOT EMPLOYED, DATE LAST WORKED

14 EMPLOYER'S ADDRESS (Include City, State & Zip Code) | TEL #

15 SPOUSE | ADDRESS (Include City, State & Zip Code) | SPOUSE'S SS #

16 SPOUSE'S EMPLOYER | POSITION | IF NOT EMPLOYED, DATE LAST WORKED

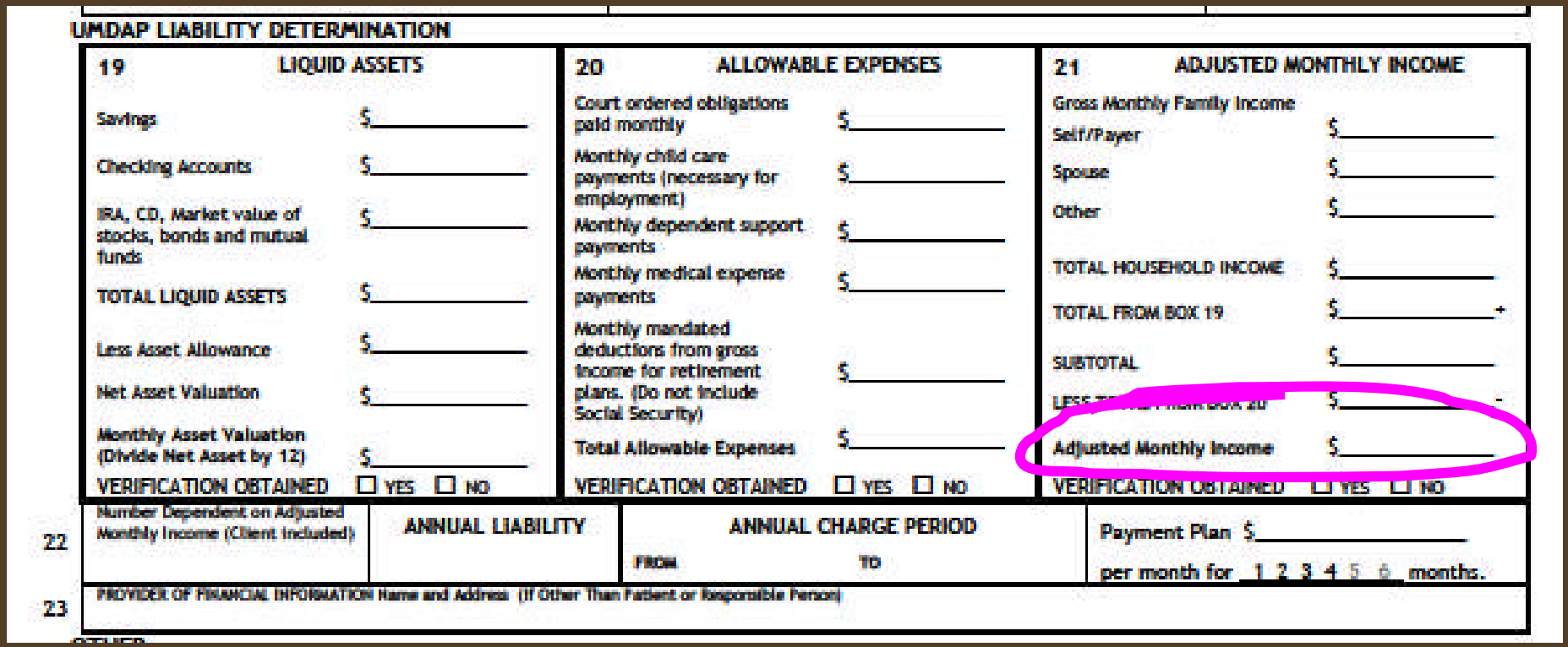
17 SPOUSE'S EMPLOYER'S ADDRESS (Include City, State & Zip Code) | TEL #

18 NEAREST RELATIVE/RELATIONSHIP | ADDRESS (Include City, State & Zip Code) | TEL #

UMDAP LIABILITY DETERMINATION

Overview of the Payer Financial Information Form (PFI)

UMDAP Liability Determination *(lines 19-23)*



UMDAP LIABILITY DETERMINATION

19 LIQUID ASSETS

Savings	$
Checking Accounts	$
IRA, CD, Market value of stocks, bonds and mutual funds	$
TOTAL LIQUID ASSETS	$
Less Asset Allowance	$
Net Asset Valuation	$
Monthly Asset Valuation (Divide Net Asset by 12)	$

VERIFICATION OBTAINED ☐ YES ☐ NO

20 ALLOWABLE EXPENSES

Court ordered obligations paid monthly	$
Monthly child care payments (necessary for employment)	$
Monthly dependent support payments	$
Monthly medical expense payments	$
Monthly mandated deductions from gross income for retirement plans. (Do not include Social Security)	$
Total Allowable Expenses	$

VERIFICATION OBTAINED ☐ YES ☐ NO

21 ADJUSTED MONTHLY INCOME

Gross Monthly Family Income	
Self/Payer	$
Spouse	$
Other	$
TOTAL HOUSEHOLD INCOME	$
TOTAL FROM BOX 19	$ +
SUBTOTAL	$
LESS [illegible]	$ -
Adjusted Monthly Income	$

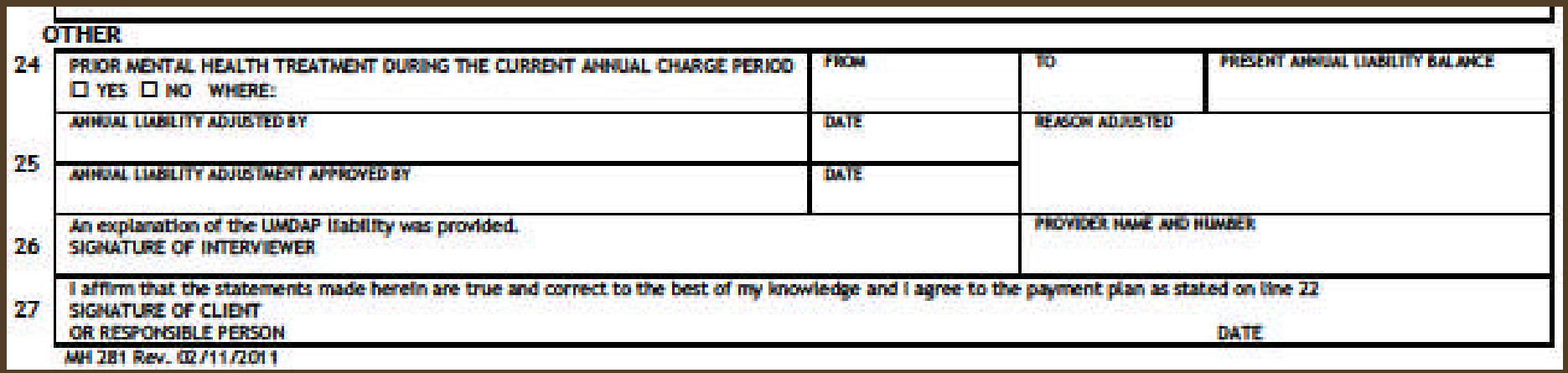
VERIFICATION OBTAINED ☐ YES ☐ NO

22 Number Dependent on Adjusted Monthly Income (Client Included) | **ANNUAL LIABILITY** | **ANNUAL CHARGE PERIOD** FROM TO | Payment Plan $ per month for 1 2 3 4 5 6 months.

23 PROVIDER OF FINANCIAL INFORMATION Name and Address (If Other Than Patient or Responsible Person)

Overview of the Payer Financial Information Form (PFI)

Other *(lines 24-27)*



OTHER

24	PRIOR MENTAL HEALTH TREATMENT DURING THE CURRENT ANNUAL CHARGE PERIOD ☐ YES ☐ NO WHERE:	FROM	TO	PRESENT ANNUAL LIABILITY BALANCE
25	ANNUAL LIABILITY ADJUSTED BY	DATE	REASON ADJUSTED	
	ANNUAL LIABILITY ADJUSTMENT APPROVED BY	DATE		
26	An explanation of the UMDAP liability was provided. SIGNATURE OF INTERVIEWER		PROVIDER NAME AND NUMBER	
27	I affirm that the statements made herein are true and correct to the best of my knowledge and I agree to the payment plan as stated on line 22 SIGNATURE OF CLIENT OR RESPONSIBLE PERSON		DATE	

MH 281 Rev. 02/11/2011

Loss of HWLA Coverage

- If your client becomes unenrolled from HWLA or needs annual re-enrollment
  - ✓Confirm the client's eligibility by verifying
    - →Income at or below 133% of the Federal Poverty Level (FPL)
    - →Continued residency in Los Angeles County.
  - ✓Refer client to DHS for re-enrollment.

Contacting RMD

RMD Hotline: (213) 480-3444

or e-mail

RevenueManagement@dmh.lacounty.gov

RMD Fax: **(213) 252-8880 or(213) 252-8879**